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NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09276277

Total Fee Calculation

| Fee Code | Total # Claims | Number Extra | X | Fee | Fee = | Total |
|--------------------------|----------------|--------------|-------|-----|-------|---------------|
| Basic Filing Fee | <u>201/101</u> | | | | | <u>110.00</u> |
| Total Claims >20 | <u>203/103</u> | <u>5</u> | -20 = | X | | |
| Independent Claims >3 | <u>202/102</u> | <u>1</u> | -3 = | X | | |
| Mult. Dep. Claim Present | <u>204/104</u> | | | | | |
| Surcharge | <u>205/105</u> | | | | | <u>130.00</u> |
| English Translation | <u>139</u> | | | | | |

TOTAL FEE CALCULATION

890.00

Fees due upon filing the application:

Total Filing Fees Due = \$ 890.00

Less Filing Fees Submitted - \$ 1

BALANCE DUE = \$ 890.00

B. Alexander
Office of Initial Patent Examination